

**NOTICE OF APPEAL FROM THE EXAMINER  
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES**

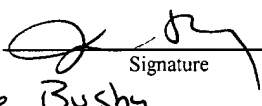
Applicant: Michael J. Briskin

Application No.: 08/875,849 Group: 1644

Filed: September 8, 1997 Examiner: R. Schwadron, Ph.D.

Confirmation No.: 4411

For: MUCOSAL VASCULAR ADDRESSINS AND USES THEREOF

<b>CERTIFICATE OF MAILING OR TRANSMISSION</b>	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
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Date	Signature
<u>Jeanine Busby</u>	
Typed or printed name of person signing certificate	

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision dated September 9, 2004 of the Examiner finally rejecting Claims 24-26, 28-32, 103, 105-109, 111-113, 115, 116, 118-122, 124, 125, 136-150 and 152-160. The items checked below are appropriate:

1. ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated September 9, 2004 for three months from December 9, 2004 to March 9, 2005.
2. ☐ A  month extension of time to respond to the Office Action Made Final dated  was filed on  with payment of a \$ fee.  
☐ Applicant hereby petitions for an additional  month extension of time to respond to the Office Action Made Final.
3. ☐ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

## 4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for three months	\$	1020
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension ([ ] mo.)	\$	
	Less fee paid ([ ] mo.)	- \$	
	Balance of fee due	\$	0
<input checked="" type="checkbox"/>	Notice of Appeal	\$	500
<input type="checkbox"/>	Other	\$	
	TOTAL	\$	1520

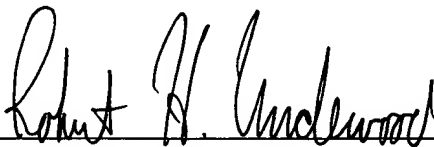
## 5. The method of payment for the total fees is as follows:

- ☒ A check in the amount of \$1520 is enclosed.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$[ ].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

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Date: March 9, 2005